

**COUNTY OF LOS ANGELES—DEPARTMENT OF MENTAL HEALTH**  
**SYSTEM LEADERSHIP TEAM (SLT) MEETING**  
 Wednesday, February 17, 2016 from 9:30 AM to 12:30 PM  
 St. Anne’s Auditorium, 155 N. Occidental Blvd., Los Angeles, CA 90026

**REASONS FOR MEETING**

1. Give an update on behalf of the County of Los Angeles Department of Mental Health
2. Provide a briefing on a proposal to consolidate CSS work plans
3. Share lessons learned regarding Innovation 1 and ideas for integrated care
4. Generate feedback on the new Health Agency in response to an EQRO (2015) recommendation
5. Solicit information to update SLT membership data

<b>Update - Department of Mental Health</b>	<p><b>Dr. Robin Kay, Acting Director, County of Los Angeles, Department of Mental Health</b></p> <p>Dr. Kay noted that mental health is currently at the cross-section of numerous County priorities and important social issues, such as homelessness, substance abuse, juvenile justice, jail diversion, to name a few. She highlighted a number of important developments over the past month that point to the way that mental health is linked to other County priorities and social issues:</p> <ol style="list-style-type: none"> <li>1. <u>Homelessness Plan</u>: Last Tuesday, the County’s Homeless Plan was presented to and adopted by the Board of Supervisors. Of the 40 implementation work groups associated with the Homelessness Plan, 27 of these involve mental health. The plan is available on the Los Angeles County website.</li> <li>2. <u>Jail Diversion</u>: The Jail Diversion Plan aims to move into the community those individuals who cannot stand trial due to mental health issues. This has been occurring since January (2016). Each client has an individual plan addressing their specific needs. The Jail Diversion Steering Committee has been meeting for the past few months and has learned quite a lot. For example, without the secure walls of the jail cell, some clients have trouble with substance use. However, the overall program has been extremely successful and only a handful of individuals have been re-incarcerated.</li> <li>3. <u>Urgent Care Centers (UCC)</u>: These are extremely important to the Jail Diversion Plan. DMH is about to give contracts to providers to establish new UCCs in Pomona, Long Beach, Harbor-UCLA Campus, and Antelope Valley.</li> <li>4. <u>Community Collaborative Courts (CCC)</u>: Four new CCC Courts are being implemented in Long Beach, Compton, Central Los Angeles, and Van Nuys. DMH is working closely with two Superior Court Judges and other stakeholders to orient them to the system of mental health services and community-based alternatives. A field trip is being planned to take them to different locations.</li> <li>5. <u>AB 403 Continuum of Care Reform for Children in the Foster Care System</u>: This legislation is scheduled for implementation in January 2017 and it is meant to revolutionize group homes for children. The implementation might be delayed for a bit.</li> <li>6. <u>DMH Director</u>: The search for the next DMH Director is underway.</li> </ol>
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	<p>7. <u>Key DMH Objectives</u>: Dr. Kay shared four key objectives for DMH over the near and middle term:</p> <ul style="list-style-type: none"> <li>a. <u>Partnerships</u>: Although DMH has a \$2.2 billion budget, this will not make a big difference in a place as large as Los Angeles County-unless we partner with other organizations.</li> <li>b. <u>Access to Care</u>: We have been collecting data on how quickly people are accessing care. Access to services is a key requirement of the Affordable Care Act.</li> <li>c. <u>Program/Contract Simplification</u>: We want to simplify the way we organize our contracts/programs.</li> <li>d. <u>Outreach</u>: We want to continue to work with other groups not typically included in mental health services.</li> </ul> <p>Dr. Kay also shared that in a recent health care services system and chart review process, DMH was given extremely positive feedback from the State auditors.</p> <p><b>Discussion</b></p> <p><i>Q1: Does the Board of Supervisors understand what we have been doing here? Do they understand that we are doing significant things as a community and that we reach out to other communities as well? I just want to know if the Board understands that. A1: I really think the Board is becoming much more aware. For instance, in a recent update to the Board, we share that we received a 100% on integration with primary care [audience applauds].</i></p>
<p><b>Briefing - CSS Work Plans Consolidation</b></p>	<p><b>Debbie Innes-Gomberg Ph.D., Program Manager III, MHSA Implementation and Outcomes Division, County of Los Angeles, Department of Mental Health</b></p> <p>Dr. Innes-Gomberg told the SLT that DMH would like to collapse some of the CSS Plan’s System Development work plans and will come back to the SLT within a month with a proposal. She provided the following background:</p> <p>The CSS Plan includes Planning, Outreach, and Engagement and System Development. System Development focuses primarily on building the system of care beyond Full Services Programs. Over the last three years, many programs have been added to the Systems Development component. Every time a program is added to the Systems Development component, the Department creates additional funding line items on the financial summary, involving the need for additional contract amendments and increased use of County Counsel, CEO and Contract staff. This process has resulted in service delays and bureaucratic barriers to continuity of care and client flow.</p> <p>The proposal is to maintain the intention of each of the CSS work plan but at the same create an easier and more flexible system. DMH has had a number of meetings with different individuals already and want to invite others who are interested to join us to give us feedback on this proposal. If interested, please provide your contact information.</p>

<p><b>Lessons Learned Innovation 1</b></p>	<p><b>Debbie Innes-Gomberg Ph.D., Program Manager III, MHSA Implementation and Outcomes Division, County of Los Angeles, Department of Mental Health</b></p> <p>Dr. Innes-Gomberg facilitated a panel discussion consisting of three presenters: Lezlie Murch, MA, LPCC, Sr. Vice President, Programs, Exodus Recovery/Exodus Foundation; Tara Reed, Psy.D., MHALA HIP Program Director; and Lorraine Ragosta, LMFT, Tarzana Treatment Centers. (See presentation handouts.) Following the presentations, SLT members engaged the presenters in discussion covering the following questions and comments:</p> <p><b>Discussion</b></p> <p><i>Q1: What is the economics of this project? Is there a way of adopting all that you have learned and not making it so expensive on a large scale? A1:</i> The Affordable Care Act has helped our efforts because individuals can receive help for integrated physical and mental health. Related to the cost, many of the clients who require this kind of help end up in the Emergency Room (ER). With this integration program, these clients/individuals avoid the expensive cost of the ER care by not even ending up there. It is a cost avoidance. Although training can be somewhat expensive, creating an environment of integration encourages clients to stay and continue their help or even helping others.</p> <p><i>Q2: You did say you measured how effective your program was with your clients? A2:</i> Yes</p> <p><i>Q3: I understand that Innovation is meant to show the world that you can do this better and I wonder if the Department is making a plan on how to implement these programs instead of what they have traditionally done. A3:</i> That is exactly the purpose for this presentation. Any recommendations are welcome.</p> <p><i>Q4: This is really so impressive. Is there a training plan for how to deal with specific cases/issues instead of using generalized training? A4:</i> At Tarzana Treatment Center, we are very strict about our training and we sometimes go to actual residential areas to treat the person as a holistic person. In other words, everything is interconnected and we treat it as such. Basically, this is known as cross training. For instance, we do monthly trainings on physical health indicators.</p> <p><i>Q5: Thank you for bringing us this information to us since we requested it during our last meeting. I appreciate the work you've done and I hope that things we have discovered can be shared with the state and federal government to honor the amount of assistance necessary. A5:</i> Thank you.</p>
<p><b>Feedback - EQRO 2015: Experience with New Health Agency</b></p>	<p><b>Naga Kasarabada, Ph.D., Quality Improvement Division, County of Los Angeles, Department of Mental Health</b></p> <p>Dr. Kasarabada explained that this agenda item comes from last year's EQRO audit, when a number of SLT members expressed trepidations to the EQRO Committee about the formation of a new Health Agency and its potentially adverse impact on mental health services. The information from today's session will be shared with this year's EQRO Committee and the SLT and will also serve as a baseline with regards to a number of areas that will be touched upon during the discussion.</p>

SLT members expressed concerns about the survey, indicating that this survey should have been conducted before the formation of the new Health Agency, that it is too soon to conduct this evaluation, that there is a total disconnect between the mental health system and the new Health Agency and what the Board wants to do, and that there is a lack of any form of structure and coordination.

Several SLT members also expressed uneasiness responding to questions they do not know much about. The facilitator acknowledged the concern and underscored that they do not need to respond to any question if they feel this way. The facilitator also explained that they could add comments on the questionnaire itself. After a brief dialogue addressing the above concerns, the facilitator conducted the survey, followed by discussion after each question to interpret the results. (The facilitator also agreed to report the number—not just percentage—of SLT members responding to each question.)

**Q1: How informed are you about the New Health Agencies purpose and strategy priorities?**

**Results:** 1 (4%) Very Informed; 2 (8%) Informed; 10 (42%) Moderately Informed; 7 (29%) Minimally Informed; 4 (17%) Not Informed At All.

**Comments:**

- 1. *The process of engaging the Board on this issue forced some of us to be more informed.*
- 2. *Some of us saw the strategic priorities only once, but there was not much beyond that.*
- 3. *I do not know the strategic priorities. What are they?*

**Q2: How aligned are the new Health Agency’s eight strategic priorities with the SLT’s mental health priorities?** (Facilitator reviewed the eight strategic priorities before the SLT’s response.)

**Results:** 5 (23%) Very Aligned; 7 (32%) Aligned; 6 (27%) Moderately Aligned; 2 (9%) Minimally Aligned; 2 (9%) Not Aligned.

**Comments:**

- 1. *I think this is about telling the folks in Downtown what you want. Think about it like that. These folks just have it backwards and we want to straighten it out.*
- 2. *Part of it is that the Board and others have not given us complete information yet. So this is our viewpoint.*

**Q3: Indicate how strongly you agree or disagree with the following statement:** The New Health Agency interagency collaboration will give the mental health system more capacity to achieve better outcomes than before.

**Results:** 2 (9%) Strongly Agree; 4 (18%) Agree; 8 (36%) Somewhat Agree; 3 (14%) Disagree; 5 (23%) Strongly Disagree.

**Comments:**

- 1. *We had a nice presentation today on how hard it is to integrate services; and we believe that this new Health Agency will have a hard time achieving that goal.*
- 2. *Our level of trust for this new Health Agency is low, but how can we build our trust? That’s what I’m really curious to find out.*

**Q4: How willing are you and your agency to participate actively in the implementation of one or more of the New Health Agency’s priorities?**

	<p><b>Results: 10 (48%)</b> Very Willing; <b>7 (33%)</b> Willing; <b>3 (14%)</b> Somewhat Willing; <b>0 (0%)</b> Minimally Willing; <b>1 (5%)</b> Not Willing At All.</p> <p><b>Comments:</b></p> <p>1. <i>We are more than willingly to participate.</i></p> <p><b>Q5: Indicate how strongly you agree or disagree with the following statement:</b> The SLT has been given ample opportunities to make meaningful contributions to implementation of the Health Agency priorities.</p> <p><b>Results: 0 (0%)</b> Strongly Agree; <b>1 (5%)</b> Agree; <b>1 (5%)</b> Somewhat Agree; <b>5 (25%)</b> Disagree; <b>13 (65%)</b> Strongly Disagree.</p> <p><b>Comments:</b></p> <p>1. <i>It is really difficult to interpret the response [audience laughs].</i></p> <p><b>Q6: Yes or No:</b> Since the establishment of the Health Agency, have you seen or experienced any changes in DMH services after the Health Agency was established?</p> <p><b>Results: 6 (38%)</b> Yes; <b>10 (63%)</b> No.</p> <p><b>Q7: Anything else anyone would like to comment on (including the questions) about the Health Agency?</b></p> <p>Note: The comments were a reiteration of the prior comments.</p>
<p><b>Data Gathering - SLT Member Information</b></p>	<p>This item was not covered due to time constraints.</p>
<p><b>Public Comments</b></p>	<p><b>Q1:</b> Are the slides going to be available to us? <b>A1:</b> The slides, agendas, and meetings notes will be posted on the website.</p>